

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10085889</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
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Total Indep	4						Total Indep			
Total Depend	118						Total Depend			
Total Claims	122						Total Claims			